

Appendix B

NUCLEAR WASTE MANAGEMENT PROGRAM Sandia National Laboratories	<h1 style="margin: 0;">Training Record</h1>	Form Number: NP 2-1-2 Page 1 of _____
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Section I**Instructor:**

(N/A for web-based)

Print_____
Signature_____
Date of Training**Method of Training (Check one if QA, N/A for other types of training)**☐ classroom☐ one-on-one☐ web-based

QA Concurrence for Web-Based (N/A for other types of training)

Print_____
Signature_____
Date**Type of Training:** _____**Brief description of material covered:****Section II Roster of Attendees**

Printed Name of Attendee (Last Name, First Name, Middle Initial)	Signature of Attendee	Organization
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		